

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 3
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Americas PAC		FEC IDENTIFICATION NUMBER ▼ C C00559906	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on		<div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 07 / 15 / 2016</div> </div>	

Full Name of Payee Alpha Media Salina		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 15 / 2016	
Mailing Address 131 N. Santa Fe 3rd Floor		Amount 10530.00	
City Salina	State KS	Zip Code 67401	Transaction ID : SE.4592
Purpose of Expenditure Media Purchase	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 07 / 12 / 2016	
Name of Federal Candidate HUELSKAMP, TIMOTHY A REPRESENTA, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee KBUF		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 15 / 2016	
Mailing Address 1402 E. Kansas Ave.		Amount 3120.00	
City Garden City	State KS	Zip Code 67846	Transaction ID : SE.4593
Purpose of Expenditure Media Purchase	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 07 / 13 / 2016	
Name of Federal Candidate HUELSKAMP, TIMOTHY A REPRESENTA, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MO
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	13650.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Donelson, Tom, , ,

[Electronically Filed]

Date

 MM / DD / YYYY
 10 / 30 / 2016

Signature

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Full Name of Payee KINA-AM 910		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 15 / 2016	
Mailing Address 1825 South Ohio		Amount 3182.40	
City Salina	State KS	Zip Code 67401	Transaction ID : SE.4597
Purpose of Expenditure Media Purchase	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 07 / 13 / 2016	
Name of Federal Candidate HUELSKAMP, TIMOTHY A REPRESENTA, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		29732.80	

Full Name of Payee KWBW-AM 1450		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 15 / 2016	
Mailing Address 825 Main Street		Amount 3845.40	
City Hutchenson	State KS	Zip Code 67501	Transaction ID : SE.4598
Purpose of Expenditure Media Purchase	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 07 / 13 / 2016	
Name of Federal Candidate HUELSKAMP, TIMOTHY A REPRESENTA, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		26550.40	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	7027.80
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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Full Name of Payee Rocking M Media LLC			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 15 / 2016		
Mailing Address 1707 Thomas Circle Suite A			Amount 12175.00		
City Manhattan	State KS	Zip Code 66502	Transaction ID : SE.4595		
Purpose of Expenditure Media Placement		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 07 / 13 / 2016		
Name of Federal Candidate HUELSKAMP, TIMOTHY A REPRESENTA, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought		22705.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee Rocking M Media LLC			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 15 / 2016		
Mailing Address 1707 Thomas Circle Suite A			Amount 16840.20		
City Manhattan	State KS	Zip Code 66502	Transaction ID : SE.4596		
Purpose of Expenditure Media Purchase		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 07 / 13 / 2016		
Name of Federal Candidate HUELSKAMP, TIMOTHY A REPRESENTA, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MO		
Calendar Year-To-Date Per Election for Office Sought		19960.20	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	29015.20
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	49693.00

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